



Work Order

WORK ORDER INFORMATION

Work Order Name: WO/70007HR8159/1

Work Order Type: Weatherization

Audit Name: Audit (20)

CLIENT INFORMATION

Client Name:

Address:

Client ID: 70007HR8159

Alt. Client ID:

AGENCY INFORMATION

Agency: HREC

Agency Phone: (931) 289-4101

Address: P.O Box 208
Erin, TN 37061

Fax:

Email Address: lewis@hrec.org

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

Work Order By: James Adamson

Blower Door: 50 Pascals @ 2279 CFM's

Age Of House 2001 / 1736 SF

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Measures

Measure 1 General Air Sealing

Components

Inspected

Comment Air Infiltration.

☐

1. Seal condensate line exit hole inside air handler with foam. It sucks air in from crawl area.

#	Material / Labor	Description /Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	General air sealing (setup cost)	Each	1			<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Miscellaneous Supplies	Infiltration Reduction	Each	1			<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail							<input type="text"/>	<input type="text"/>	<input type="text"/>
							<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:							Sub Total: <input type="text"/>		

Field Notes:

Measure 2 DWH Pipe Insulation

Components

Inspected

Comment First Five Feet Mandatory.

☐

#	Material / Labor	Description /Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DWH Pipe Insulation	Each	1			<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DWH Pipe Insulation	Each	1			<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail							<input type="text"/>	<input type="text"/>	<input type="text"/>
							<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:							Sub Total: <input type="text"/>		

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Measure 3 DWH Tank Insulation		Components				Inspected			
Comment									
		Estimated				Actual			
#	Material / Labor	Description /Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DWH Tank Insulation	Each	1					
2	Labor	DWH Tank Insulation	Each	1					
Other Detail									
Measure Sub Total:						Sub Total:			
Field Notes:									

Measure 4 Belly Fiberglass Loose		Components				Inspected			
Comment									
		Estimated				Actual			
#	Material / Labor	Description /Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass,Blwn	SqFt	1736					
2	Labor	Floor Insulation - Fiberglass,Blwn	SqFt	1736					
Other Detail									
Measure Sub Total:						Sub Total:			
Field Notes:									

Measure 5 Fix Other Venting Related Problems (Heating System)**Components****Inspected**

Comment This unit has one vent that is not even connected to the blower on the inside. It is open to the roof cavity because during the blower door test with the pressure pan it had a 46 pascal reading.

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This vent is in the master bathroom ceiling.

#	Material / Labor	Description /Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1			<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1			<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail							<input type="text"/>	<input type="text"/>	<input type="text"/>
							<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:							Sub Total:	<input type="text"/>	

Field Notes:

Measure 6 Fix Water Leak Present**Components****Inspected**

Comment This is the condensate line on the a/c, it needs to be ran to the exterior of home.

☐

It is roughly 10' from an exterior wall.

#	Material / Labor	Description /Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Equipment	Each	1			<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1			<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail							<input type="text"/>	<input type="text"/>	<input type="text"/>
							<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:							Sub Total:	<input type="text"/>	

Field Notes:

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Measure 7 Install C/O Detector**Components****Inspected****Comment**

#	Material / Labor	Description /Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Install C/O Detector.	Each	1					

Other Detail

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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